



1125 North Milwaukee Avenue  
Libertyville, Illinois 60048-1399  
Phone 847 377 7200  
Fax 847 816 5176

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

### **Purpose of This Notice**

This notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. It also tells you how to complain to us, or the federal government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice and get your written acknowledgement of its receipt. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. We will tell you if we change this notice. A copy of the revised notice will be available upon request or posted at our location or on our website. We may change our practices and those changes may apply to medical information we already have about you as well as any new information we receive in the future.

This notice will be given to you on the date that you first receive medical services from Winchester House or within 5 days of your admission if the admission is considered accelerated.

### **Instructions**

You may consult our Privacy Officer to ensure that the Notice of Privacy Practices we intend to use accurately reflects our privacy practices and those of any organized health care arrangements. We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. Our



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Privacy Officer must approve each Notice of Privacy Practices, including any joint Notice we may use for an organized health care arrangement to ensure that the

Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

The Notice must be distributed to each individual no later than the date of our first service delivery, including service delivered electronically after the compliance date for the federal Privacy Rules established by the Department of Health and Human Services. Winchester House must also have the Notice available at the service delivery site for individuals to request to take with them. At all physical service delivery sites, the Notice must be posted in a clear and prominent location where it is reasonable to expect any individuals seeking service from Winchester House to be able to read the Notice. Whenever the Notice is revised, make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the Notice must be distributed to each new patient at the time of service delivery and to any person requesting a Notice.

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.



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## **How We Use or Disclose Your Medical Information**

### **For Treatment**

We will use medical information about you to provide you with treatment and services. We may share this information with members of our healthcare staff or with others involved in your care such as doctors, nurses, or health care facilities. For example, a nurse who is providing your care will report any changes in your condition to your doctor. We may also disclose your health information to a member of your family or other person who is involved in your care upon your approval.

### **For Payment**

We may use or disclose your medical information to bill and collect payment for the services we provided to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

### **Health Care Operations**

We may use or disclose your medical information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

Your name and address may be used to send out resident satisfaction surveys.

We may contact you either by telephone or by mail at Winchester House, your home or your office discuss matters related to the health care services we provide or payment for your health care services. We may leave messages for you. If you want us to contact you in a certain way or at a certain location, see "Right to Receive Confidential Communications" in this notice.

There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share information with our business associates we will have a written contract with them that requires that they protect the privacy of your medical information.



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### **Other Uses or Disclosures of Your Medical Information**

**Marketing** –Your name and address and the dates you received treatment or services may be added to a mailing list of patients in order to invite you to a events or to send you a newsletter. If you do not want to receive these communications, please notify our Complaint Officer in writing.

**Treatment Alternatives** – We may use and disclose medical information about you to contact you about other health care treatment that is available to you. If you do not want to receive these communications, please notify our Complaint Officer in writing.

**Health Related Benefits and Services** – We may use and disclose medical information about you to contact you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify our Complaint Officer in writing.

**Individuals Involved in Your Care** – With your approval, we may disclose medical information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose medical information about you to notify those persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose medical information about you, please notify our Complaint Officer in writing.

**Facility Directory** – Your name, room number, and your medical condition described in general terms will be listed in our directory. This directory will be used when visitors ask for you by name. We may also list your religious affiliation in the directory. Your religious affiliation will only be given to members of the clergy who ask for this information. If you do not want to be included in our directory, or you wish to reduce the information we include in the directory you must notify our Complaint Officer of your objection.

### **Uses or Disclosures That Are Required or Permitted by Law**

**Disaster Relief** – We may use or disclose medical information about you to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in the event of a natural or man-made disaster.



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**Required by Law** – We may use or disclose medical information about you when we are required to do so by law.

**Communicable Diseases** – When permitted by applicable federal or state law, we may disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

**Public Health Activities** – We may disclose medical information about you for public health activities to prevent or control disease.

**Victims of Abuse, Neglect or Domestic Violence** – We may disclose medical information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** – We may disclose medical information about you to a health oversight agency.

**Food and Drug Administration** – We may disclose medical information about you to monitor drugs or devices controlled by the Food and Drug Administration.

**Legal Activities** – We may disclose medical information about you in response to a court proceeding. We may also disclose medical information about you in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes** – We may disclose information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- To investigate allegation of misconduct that may have occurred on Winchester House premises.
- To report a crime in emergency circumstances.



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**Funeral Directors, Coroners and Medical Examiners** – We may disclose medical information about you as necessary to allow these individuals to carry out their responsibilities.

**Organ Donation** – We may disclose medical information about you to organ procurement organizations if you are an organ donor.

**Workers' Compensation** – We may disclose medical information about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.

**Public Health or Safety** – We may use or disclose medical information about you if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

**National Security and Intelligence** – We may disclose medical information about you to authorized federal officials for national security and intelligence activities.

**Security Clearance** – We may use medical information about you for a required security clearance.

### **Uses or Disclosures That Require Your Authorization**

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying our Complaint Officer in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following:

- A request to provide certain medical information to a drug company for marketing purposes.
- A request to provide your medical information to an attorney for use in a civil law suit.

### **Your Rights**

The information contained in your health or medical record is the physical property of Winchester House. The information in it belongs to you. You have the following rights:



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**Right to Request Restrictions** – You have the right to ask us not to use or disclose your medical information for a particular reason related to treatment, payment or our operations. You may ask that family members or other authorized individuals not be informed of specific medical information. That request must be made in writing to our Complaint Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or Winchester House can stop a restriction at any time.

**Right to Receive Confidential Communications** – You have the right to ask that we communicate with you in a certain manner or at a certain place. If you want to request confidential communications the request must be made in writing to our Complaint Officer. We must agree to your request if it is reasonable.

**Right to Inspect and Copy Your Medical Information** – You have the right to request to inspect and obtain a copy of your medical information. You must submit your request in writing to our Complaint Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

**Right to Request Amendments to Your Medical Information** – You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Complaint Officer.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision.

**Right To An Accounting of Disclosures of Health Information** -- You have the right to find out what disclosures of your medical information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before April 14, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing to our Complaint Officer. You are entitled to one



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free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. If there will be a charge we will notify you in advance.

**Right To Obtain a Copy of the Notice** – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.





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## **Complaints**

You have the right to complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. There is no risk in filing a complaint.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information, or have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services.

### **To file a complaint with us, contact by phone or by mail:**

Complaint Officer: Jeanette Keyes,  
Human Resource Manager  
1125 N. Milwaukee Avenue, Libertyville, IL 60048  
847-377-7218

To file a complaint with the United States Secretary of Health and Human Services send your complaint to him or her in care of:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

## **Questions and Information**

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Joan Bodenlos, Privacy Officer  
Assistant Administrator  
1125 N. Milwaukee Avenue, Libertyville, IL 60048  
847-377-7236



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By phone with questions or with written requests for information as defined under the **Your Rights** section of this notice. Complaints or questions may be made by phone or in writing.

We support your right to protect the privacy of medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.